

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 107070927	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		1				51		
	1		1			52		
	1		1			53		
	1		1			54		
	4		1			55		
	4		1			56		
	0		1			57		
	0		1			58		
	0		1			59		
	0		1			60		
						61		
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						98		
						99		
						100		
TOTAL IND.	1	1				TOTAL IND.		
TOTAL DEP.	15	9				TOTAL DEP.		
TOTAL CLAIMS	16	10				TOTAL CLAIMS		